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FACSIMILE COVER SHEET

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	TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 13					
	[] Original documents to follow by mail DATE: August 15, 2005			[X] No originals will be sent		
	TO:	O: Examiner Alvin Stewart Group Art Unit 3738		FAX #:	571-273-8300	
	PHONE #: 571-272-4760		72-4760			
	Application No.: Applicant: Due Date:		10/702,096 Kuslich August 15, 2005	OUR REF.:	OUR REF.: 3110.03US02	

Attached please find the following for filing in the above-identified application.

(1) Response to the Restriction Requirement dated July 14, 2005.

Respectfully submitted,

Wendy J. Cusick

Registration No. 52,788

CERTIFICATE OF FACSIMILE TRANSMISSION

AUG 15 2005

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 3110.03US02

Kuslich

Confirmation No.: 6813

Application No.:

10/702,096

Examiner: Alvin Stewart

Filed:

November 5, 2003

Group Art Unit: 3738

For:

SEMI-BIOLOGICAL INTERVERTEBRAL DISC REPLACEMENT SYSTEM

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 14, 2005, Applicant, through his attorney, elects Group II consisting of claims 1-8 and 16-33. Applicant requests claims 9-15 and 34-52 be withdrawn without prejudice or disclaimer.

The present amendment comprises the following sections:

- A. Amendments to the Claims
- B. Remarks

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

Date